

**NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
PUBLIC EMPLOYEE'S RETIREMENT SYSTEM
REPORT OF TRANSFER**

Please do not write in this box.

LOCATION NUMBER: _____ MEMBERSHIP NUMBER: _____

1. Name: _____
(Last) (First) (Middle) (Maiden)

2. Address: _____
(Street)

(City) (State) (Zip Code)

3. Social Security Number: _____ 4. Membership Number: _____

5. Transferred From: _____
(County)

6. Date of Last Deduction: _____ Payperiod Number: _____
(From former employer) (State Only)

7. Transferred To: _____
(County) (Bureau Number)

8. Payroll Title: _____

9. Date Employment Began in Your District: _____

10. Current Annual Base Salary: \$ _____

11. Employee is paid on a: ☐ 10 month basis ☐ 12 month basis

12. Is employee employed in more than one agency? ☐ Yes ☐ No

If yes, please list: _____

13. Payroll No. (State Employees Only): _____

14. I acknowledge continuation of payroll deductions under the above membership number.

Signature of Member

Date

15. _____
Signature of Certifying Officer Employing Agency County Date

Failure to complete this form in its entirety will result in a delay of processing the transfer. **See reverse side for instructions and mailing address.**

INSTRUCTIONS

This form is to be completed for any member of the Public Employees' Retirement System who transfers from one New Jersey employer to another. The Report of Transfer should be filed with the Division of Pensions and Benefits within 10 working days of the date employment begins. You are asked to establish that the employee's membership in the Public Employees' Retirement System is in good standing and has not expired or been withdrawn. If the employee's membership has expired or been withdrawn the employee must complete a new Enrollment Application.

The Division of Pensions and Benefits will process the Report of Transfer and will send a "Certification of Payroll Deductions" to the new employer advising the employer of the date pension deductions must begin for the transferring employee.

Please forward the completed form to:

Enrollment Section
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295